

Request For Autopsy Report and Supplemental Information

DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<small>Authority: Title 10 USC, Section 1471 Principal Purpose: To obtain records/ reports/ photos of remains by the person authorized to direct disposition of remains (PADD). Routine Uses: By Departments of the Army, Navy and Air Force to document and authorize actions necessary to obtain post-autopsy supplemental information. Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded and accommodated.</small>		
NAME OF DECEASED (Last, First, Middle Initial)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED
TYPED OR PRINTED MAILING ADDRESS/EMAIL ADDRESS		TYPED OR PRINTED PHONE NUMBER

I, the undersigned, am requesting to receive a copy of the official autopsy report preformed by the Armed Forces Institute of Pathology / OAFME, at AFIP Annex Bldg 102, 1413 Research Blvd. Rockville, MD 20850; or the photos of that were taken during the autopsy examination.

I wish to receive the following:

Section I: Election of Post-Autopsy Supplemental Information

Option 1 _____ <small>Initials</small>	I would like to receive a copy of the official autopsy report examination conducted by the Armed Forces Institute of Pathology / OAFME.
Option 2 _____ <small>Initials</small>	I would like to receive the photos taken by the Armed Forces Institute of Pathology / OAFME for documentation of the Autopsy Examination.

You can mail this request to: AFMES Report Request, 1413 Research Blvd, Rockville, MD 20850 or to fax: (301)319.0635.

Please enclose a photocopy of an official photo ID and copy of the DD1300.

SIGNATURE OF PADD	DATE
TYPED OR PRINTED NAME OF WITNESS	
SIGNATURE OF WITNESS	DATE